

Medical Expenditure Panel Survey

PLAN INFORMATION QUESTIONNAIRES

A FEW IMPORTANT INSTRUCTIONS

This reporting package includes three blank MEPS-15(S), Plan Information Questionnaires. Please report for a **MAXIMUM** of three representative plans offered by your company. Please use the criteria below to determine the plans for which you should report.

- If your organization offered more than one Exclusive Provider Plan (HMO, IPA, EPO) to its active employees and each plan offered a similar level of benefits and premiums, complete only one MEPS-15(S) form for the HMO plan with the largest enrollment.
- If your organization offered more than one Exclusive Provider Plan (HMO, IPA, EPO) to its active employees and each plan offered a different level of benefits and/or premiums, complete a MEPS-15(S) form for each of the two plans which represent the largest enrollment.
- If your organization offered more than one Mixture of Preferred and Any Provider Plans (PPO, POS), for example high, standard, or low option, complete a MEPS-15(S) form for each option if the level of benefits and/or premiums differ.
- If your organization offered more than one Conventional or Indemnity Plan, complete a MEPS-15(S) for the largest plan offered.

If you require assistance in plan selection, please call 888-206-8023.

PROVIDER CATEGORIES

Exclusive Providers

(Examples: Most HMO, IPA, and EPO-type plans)

- Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

Conventional or Indemnity Providers

- Enrollees may go to providers of their choice on a fee-for-service basis. The plan does not have any associated providers.

Mixture of Preferred and Any Providers

(Examples: Most PPO and POS-type plans)

- Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.